

Montana Medicaid - Fee Schedule Private Duty Nursing

August 1, 2005

Definitions:

Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination

For example:

26 = professional component

TC = technical component

Description – Procedure code description. You must refer to the appropriate official CPT-4 or HCPCS coding manual for complete definitions in order to assure correct coding.

Effective – This is the first date of service for which the listed fee is applicable.

Method – Source of fee determination

Fee Sched: Medicaid fee for listed code

Medicare: Medicare-prevailing fee for listed code.

By Report (BR): Equals a percentage of billed charges; percentage depends on provider type and service/supply

PA – Prior Authorization

Y: Prior authorization is required

Space: Prior authorization is not required

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Proc	Modifier	Description	Effective	Method	Fee	PA
T1002		RN SERVICES UP TO 15 MINUTES	8/1/2005	FEE SCHED	\$5.66	Y
T1003		LPN/LVN SERVICES UP TO 15MIN	8/1/2005	FEE SCHED	\$5.56	Y
99601		HOME INFUSION/VISIT 2 HRS	8/1/2005	FEE SCHED	\$45.26	
99602		HOME INFUSION EACH ADDTL HR	8/1/2005	FEE SCHED	\$22.28	